

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FREQ		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
6							67					
7							68					
8							69					
9							69					
10							61					
11							62					
12							63					
13							64					
14							65					
16							66					
16							67					
17							68					
18							69					
19							70					
20							71					
21							72					
22							73					
23							74					
24							75					
25							76					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
36							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
46							96					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL NO.	3						TOTAL NO.					
TOTAL DEF.	12						TOTAL DEF.					